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CONFIRMATION NO. 5279

SERIAL NUMBER 09/940,273	FILING DATE 08/27/2001 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 032580.0027.UTL
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APPLICANTS

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Verified KDM

** CONTINUING DATA *****

This application is a CIP of 09/663,607 09/18/2000 PAT 6,721,597
and is a CIP of 09/663,606 09/18/2000 PAT 6,647,292

verified KDM

** FOREIGN APPLICATIONS *****

none KDM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/12/2001

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WA	DRAWING 17	CLAIMS 219	CLAIMS 5

ADDRESS

21691
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TITLE **Active Housing and Subcutaneous Electrode Cardioversion/Defibrillating System**
Cardioverter-defibrillator having a focused shocking area and orientation thereof

<i>KDM 23/06</i>	per SPEC 11/28/05	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	
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